

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR UNREPRESENTED PARTY (Name, State Bar Number, and Address): TELEPHONE NO.: EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P.O. Box 619072 P.O. Box 5669 Roseville, CA 95661-9072 Tahoe City, CA 96145	
Petitioner: _____ <input type="checkbox"/> present <input type="checkbox"/> not present Respondent: _____ <input type="checkbox"/> present <input type="checkbox"/> not present Other Party: _____ <input type="checkbox"/> present <input type="checkbox"/> not present	
FAMILY LAW <input type="checkbox"/> STIPULATION AND <input type="checkbox"/> ORDER	CASE NUMBER:

STIP/ORDER

- Request of Petitioner Respondent By stipulation. RFO dated _____
- Continued to: _____ Dept. _____ at _____ a.m. / p.m.
- Issues for trial: _____
- Parties Waive Notice Petitioner Respondent To Notice
- Pending trial, or until further order of this Court, existing orders shall continue in effect except as modified by this order.

CHILD CUSTODY / VISITATION

STIP/ORDER

- Parties referred / re-referred to Tier I Tier II Tier III 3111 730
- Cost of referral born by: Petitioner _____ Respondent _____ Equal Share by parties Other _____
- Subject to reallocation Subject to other confidential orders
- Recommendation of child custody professional dated _____ agreement dated _____
- is adopted reviewed set for trial _____
- Custody of minor children:
- Legal custody joint, or sole custody to Petitioner Respondent
- Physical custody joint, or sole custody to Petitioner Respondent
- Parenting time as follows: _____
- _____
- _____
- _____
- _____
- _____
- Supervised visitation for Petitioner Respondent
- Supervision to be provided by Agency _____ Agreed Party _____
- Costs for supervision to be paid for by Shared Petitioner Respondent Subject to reallocation
- Parties to exchange current address and telephone numbers
- Each parent to be advised of medical emergency, hospitalization, health/dental/psychological, and school issues.
- Neither party to make disparaging remarks about the other parent. Neither party to discuss Court proceedings with child/ren
- Transportation to be shared provided by Petitioner Respondent
- Pick up location: _____
- Drop off location: _____

Minor child/ren's habitual residence is United States California has jurisdiction
 Child/ren may not be removed from the State of California County/ies of _____

SUPPORT

STIP/ORDER

Income and expense declarations to be filed by Petitioner Respondent support calculation attached
 Husband's gross monthly income \$ _____ Wife's gross monthly income \$ _____
 Child Support Petitioner Respondent pays \$ _____ per month effective _____ Court reserves jurisdiction
 Spousal Support Petitioner Respondent pays \$ _____ per month effective _____ Court reserves jurisdiction
 Family Support Petitioner Respondent pays \$ _____ per month effective _____ Court reserves jurisdiction
 Child support arrears in the amount of \$ _____ Spousal support arrears in the amount of \$ _____
For the period of _____ through _____ payable at the rate of \$ _____ per month starting _____
 Wage assignment to issue; Payer to direct pay order until it takes effect.
 Parties to notify each other of any changes in employment or income within 48 hours of any change.
 Payable through DCSS
 Petitioner Respondent ordered to pay ½ or a proportional share of work related child care costs directly to provider
 Uncovered medical/dental/vision/psychological expenses to be shared equally.
 Petitioner Respondent to provide health benefits as is available from employment for children spouse

PROPERTY ORDERS

STIP/ORDER

Exclusive use of residence other _____ to Petitioner Respondent
 Exclusive use of _____ to Petitioner Respondent

ATTORNEY FEES, SANCTIONS AND/OR COSTS

STIP/ORDER

Attorney Fee Request of Petitioner Respondent is granted denied denied without prejudice joined w/trial issues
 Petitioner Respondent shall pay to opposing party directly/on attorney account \$ _____ forthwith
Pursuant to Code Section _____ and payable at the rate of \$ _____ each month due on the ___ of each month
Commencing _____. If the any two consecutive payments are late the entire balance is due and payable each month.

OTHER ORDERS

STIP/ORDER

See Attached.

JUDGMENTS/ORDERS

STIP/ORDER

Petitioner Respondent duly sworn and examined on jurisdictional facts. Spousal support termination Settlement
 Judgment for Status only Dissolution Other _____
 Judgment to be submitted. Counsel for Petitioner Respondent Facilitator to prepare judgment within thirty (30) days.

If stipulation, the parties signing below agree to that the matters set forth above as stipulations are an order of the court.

_____ Dated _____ _____ Dated _____
Print Name: _____ Print Name: _____

If stipulation, approved as to form:

_____ Dated _____ _____ Dated _____
Attorney for Petitioner Attorney for Respondent

IT IS SO ORDERED.

Dated: _____ By: _____
 Superior Court Judge Commissioner